ENROLLMENT FORM

DOD NAF HBP RETIREE HEALTH PLAN 2000

Retiree Name: _____
Last Name First Name M.I.

Date of Birth _____ Social Security # _____

Date of Separation _____ Current Mailing Address

Current Coverage:

Self Only (Active employee) ☐
Family (Active Employee) ☐
Survivor (Employee had family coverage) ☐
1 yr. disability medical ☐
Free medical age 62-65 ☐

Telephone Number (include area code)

DOD NAF HBP RETIREE HEALTH ELECTION

I elect the DOD NAF HBP Retiree Medical Plan. Check the box below that applies:

☐ Single Medical, With Dental **($100.07 per month)**

☐ Family Medical, With Dental **($233.12 per month)**

All features mirror the DOD NAF HBP, POS, PPO or Traditional plan which applies where you live.

Eligibility: 15 yrs participation in the Army Medical Program, including the day before retirement & elect an immediate annuity OR participated on 12/31/99 & in the Army Medical Program for 5 years, including the day before retirement. All retiree coverages include Dental.

SUBMIT A CHECK FOR ALL PREMIUMS DUE FROM DATE OF TERMINATION THRU THE PRESENT

Dependent Information: Complete ONLY if you are applying for family coverage

Spouse Name (Last, First, MI)	SSN	DOB
Child Name (Last, First, MI)	SSN	DOB
Child Name (Last, First, MI)	SSN	DOB

MAKE CHECK PAYABLE TO : ARMY MEDICAL LIFE FUND AND MAIL TO: P.O. BOX 107, ARLINGTON, VA 22210-0107

By my (our) signature(s) I (we) acknowledge that premiums for the coverage elected herein are subject to change from time to time as determined by the Plan Administrator, and that this plan may be terminated or modified in any way at the discretion of the Plan Administrator. I (we) further understand that if I (we) are eligible for Medicare benefits, I must enroll in Medicare as my primary payor immediately upon becoming eligible for Medicare (at age 65 or upon a Medicare recognized disability) and will enroll in Medicare immediately upon reaching eligible status.)

Signature of Retiree (Spouse must sign if retiree is deceased) Date

See Open Season Booklet for 1999 to review eligiblity rules for Retiree Health Insurance Eligibility rules changed effective January 1, 2000.

BILLING START DATE: _____